		FILED
	1	08 APR 11 PH 2: 30
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	3	STREET OF CALIFORNIA
	4	E-filing
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	8	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA
	9	
	10	0 1497
100	11	In Re Andre Boston Plaintiff, CASE NO.
M	12	vs.) PRISONER'S APPLICATION TO PROCEED
	13	IN FORMA PAUPERIS JSV
•	14	Ben Curry, Warden Defendant.
	15	PD
	16	I, David Rucker , declare, under penalty of perjury that I am the
	17	plaintiff in the above entitled case and that the information I offer throughout this application
	18	is true and correct. I offer this application in support of my request to proceed without being
	19	required to prepay the full amount of fees, costs or give security. I state that because of my
	20	poverty I am unable to pay the costs of this action or give security, and that I believe that I am
	21	entitled to relief.
	22	In support of this application, I provide the following information:
•	23	1. Are you presently employed? Yes No/
	24	If your answer is "yes," state both your gross and net salary or wages per month, and give the
	25	name and address of your employer:
	26	Gross: Net:
	27	Employer:
	28	
PRIS. APP. TO) PRQ	C. IN FORMA PAUPERIS - 1 -

	1)		
1	If the answ	er is "no," state the date of last employm	ent and the amount of the gross and net
2	salary and v	wages per month which you received. (1	If you are imprisoned, specify the last
3	place of em	ployment prior to imprisonment.)	
4	Walmar	t, 1997,	
5		· 	
6			
7	2. Have	e you received, within the past twelve (1	2) months, any money from any of the
8	following so	ources:	
9	a.	Business, Profession or	Yes No _/_
10		self employment	
11	b.	Income from stocks, bonds,	Yes No/_
12	{	or royalties?	
13	c.	Rent payments?	Yes No _/_
14	d.	Pensions, annuities, or	Yes No/
15		life insurance payments?	
16	e.	Federal or State welfare payments,	Yes No _/
17		Social Security or other govern-	
18	·	ment source?	
19	If the answer	r is "yes" to any of the above, describe ea	ch source of money and state the amoun
20	received fror	n each.	
21			
22			
23	ĺ	ou married?	Yes No <u>/</u>
24	Spouse's Full	•	r
25	Spouse's Place	ce of Employment: N/a	
26	Spouse's Mor	nthly Salary, Wages or Income:	,
27	Gross \$	n/a Net \$n	/a
28	4. a.	List amount you contribute to your spo	ouse's support:\$

1	b. List the persons other than your spouse who are dependent upon you for
2	support and indicate how much you contribute toward their support. (NOTE:
3	For minor children, list only their initials and ages. DO NOT INCLUDE
4	THEIR NAMES.).
5	n/a
6	
7	5. Do you own or are you buying a home? Yes No _/_
8	Estimated Market Value: \$ Amount of Mortgage: \$
9	6. Do you own an automobile? Yes No/
10	Make Year Model
11	Is it financed? Yes No If so, Total due: \$
12	Monthly Payment: \$
13	7. Do you have a bank account? Yes No _/ (Do not include account numbers.)
. 14	Name(s) and address(es) of bank:
15	
16	Present balance(s): \$
17	Do you own any cash? Yes No _/ Amount: \$
18	Do you have any other assets? (If "yes," provide a description of each asset and its estimated
19	market value.) Yes No _/_
20	
21	8. What are your monthly expenses?
22	Rent: \$ Utilities:
23	Food: \$
24	Charge Accounts:
25	Name of Account 0 Monthly Payment 0 Total Owed on This Acct.
26	\$\$\$
27	
28	<u> </u>

1	9. Do you have any other debts? (List current obligations, indicating amounts and to
2	whom they are payable. Do not include account numbers.)
3	\$10,000 Restitution
4	
5	10. Does the complaint which you are seeking to file raise claims that have been presented
6	in other lawsuits? Yes No _/_
7	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8	which they were filed.
9	
10	
11	I consent to prison officials withdrawing from my trust account and paying to the court
12	the initial partial filing fee and all installment payments required by the court.
13	I declare under the penalty of perjury that the foregoing is true and correct and
14	understand that a false statement herein may result in the dismissal of my claims.
15	
16	<u> </u>
17	DATE SIGNATURE OF APPLICANT
18	
19	
20	•
21	
22	
23	
24	
25	
26	
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28	
- 11	

Case Number: CV 08 1497 Case Number: CV 08 1497 CERTIFICATE OF FUNDS IN	
3 4 5 6 7 8 CERTIFICATE OF FUNDS	
4 5 6 7 8 CERTIFICATE OF FUNDS	
5 6 7 8 CERTIFICATE OF FUNDS	
6 7 8 CERTIFICATE OF FUNDS	
7 8 CERTIFICATE OF FUNDS	
8 CERTIFICATE OF FUNDS	
9 IN	
PRISONER'S ACCOUNT	
11	
I certify that attached hereto is a true and correct copy of the prisoner's trust account	
statement showing transactions of Rucker P29892 for the last six mont [prisoner name]	hs
14 CORRECTIONAL TRAINING FACILITY where (s) he is confined.	
I further certify that the average deposits each month to this prisoner's account for t	
most recent 6-month period were \$ and the average balance in the prisone	r's
account each month for the most recent 6-month period was \$_10.55	
β β	
19 Dated: 4-8-08 [Authorized officer of the institution]	ne
20	
CORRECTIONAL TRAINING FACILITY 22 P.O. BOX 686	
SOLEDAD, CA 93960 CALIFORNIA DEPARTMENT OF CORDERS OF CALIFORNIA DEPARTMENT OF CORDER OF CALIFORNIA DEPARTMENT OF CALI	
ATTN. TRUST OFFICE BY De la Vation TRUST OFFICE	_
24 25 ATTN. TRUST OFFICE BY Brends Dation TRUST OFFICE ACA Technician	_
25 26	
27	
28	

REPORT DATE: 04/08/08 PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS CTF SOLEDAD/TRUST ACCOUNTING INMATE TRUST ACCOUNTING SYSTEM INMATE TRUST ACCOUNT STATEMENT

.701

TS3030

REPORT ID:

FOR THE PERIOD: NOV. 09, 2007 THRU APR. 08, 2008

BED/CELL NUMBER: CFDWT1000000113U ACCOUNT TYPE: I ACCOUNT NUMBER ACCOUNT

RALANCE WITHDRAWALS. DEPOSITIS TRUST ACCOUNT ACTIVITY MITM CHECK DAVID DARRELL COMMENT : P29892 : RUCKER, P: A INC THAT AND THAT PRIVILEGE GROUP: NAME TRAN

BALANCE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	00.00		21.60	43.20	10.95	8.97	7.38	6.03	00.0	21.60	6.72	28.32
WITHDRAWALS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					32.25	1.98	1.59	1.35	6.03		14.88	
DEPOSITS				21.60	21.60						21.60		21.60
CHECK NUM	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1												
COMMENT		LANCE		2047 P4	2477 P2	2517EYEGLA	2546 POST	2546 POST	2546 POST	2705 PANTS	2862	3084	3154 P14
DATE CODE DESCRIPTION COMMENT	†	11/09/2007 BEGINNING BALANCE	FOR 2008	INMATE PAYROL	INMATE PAYROL	02/07 W514 VISION CARE C 2517EYEGLA	POSTAGE CHARG	POSTAGE CHARG 2546 POST	POSTAGE CHARG	DAMAGES - PER	NMATE PAYROL	DRAW-FAC 1	INMATE PAYROL 3154 P14
DATE CODE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11/09/2007	ACTIVITY	01/07*VD54	02/06*VD54	02/07 W514	02/09 W502	02/09 W502	02/09 W502	02/22 W532 I	03/06*VD54		

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 02/26/99 COUNTY CODE: *SAC DATE TRANS. DESCRIPTION TRANS. AMT. BALAN	INE AMOUNT: { TRANS. AMT.	FINE AMOUNT: \$ 4,163.95 TRANS. AMT. BALANCE
DESCRIP		

24.00-24.00-24.00-24.00-RESTITUTION DEDUCTION-SUPPORT RESTITUTION DEDUCTION-SUPPORT RESTITUTION DEDUCTION-SUPPORT RESTITUTION DEDUCTION-SUPPORT BEGINNING BALANCE VR54 VR54 VR54 VR54 11/09/2007 01/07/08 02/06/08 03/06/08 04/03/08

4,139.95 4,115.95 4,091.95 4,067.95

4,163.95

THAT REFLECT THE ADMINISTRATIVE FEE CHARGE OF THE RESTITUTION AMOUNT COLLECTED. * THIS STATEMENT DOES NOT * IS EQUAL TO TEN PERCENT

CORRECTIONAL TRAINING FACIUTY 93960 TRUST OFFICE SOLEDAD, CA P.O. BOX 686 ATIA



CALIFORNIA DEFARTMENT OF CORRECTIONS THE WITHIN INSTRUMENT IS A COSMECT COPY OF THE TRUST ACCOUNT MAINTAINED

CALIFORNIA DEPARTMENT OF CORRECTIONS CTF SOLEDAD/TRUST ACCOUNTING INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 09, 2007 THRU APR. 08, 2008

ACCT NAME: RUCKER, DAVID DARRELL

P29892

ACCT:

ACCT TYPE: I BALANCE HOLDS CURRENT BALANCE TRUST ACCOUNT SUMMARY WITHDRAWALS TOTAL DEPOSITS TOTAL

AVAILABLE CURRENT BALANCE

00.0

0.00

28.32

58.08

86.40

00.0

BEGINNING BALANCE

TRANSACTIONS TO BE POSTED

28.32

CALIFORNIA DEFARTMENT OF CORRECTIONS THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE. $\mathcal{L} = \mathcal{C} = 0$ BY DEPLY OFFICE

CORRECTIONAL TRAINING FACINITY 93960 ATTN. TRUST OFFICE SCIEDAD, CA P.O. BOX 686

REPORT DATE: 04/08/08 PAGE NO: 2

.701 REPORT ID: TS3030